

**TITLE 450: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES**

**CHAPTER 23: STANDARDS AND CRITERIA FOR COMMUNITY-BASED
STRUCTURED CRISIS CENTERS**

SUBCHAPTER 1. GENERAL PROVISIONS

450:23-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by O.S. 43A 3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons.

"Co-occurring disorder" means any combination of mental health and substance use disorder symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-

destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Emergency detention" as defined by 43A § 5-206 means the detention of a person who appears to be a person requirement treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatments provided by 43A of the Oklahoma Statutes.

"Emergency examination" For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

"Facility-based crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations that takes place in a crisis unit where the individual is admitted for treatment.

"Homeless" ~~a homeless person is a person who;~~ means a state in which a person a) lacks a fixed, regular and adequate night time residence AND b) has a primary nighttime residence that is a supervised publicly or privately operated shelter designated to provide temporary living accommodations including welfare hotels, congregate shelters, half way houses, and transitional housing for the mentally ill; or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, not limited to people living on the streets. Individuals are considered homeless if they have lost their permanent residence, and are temporarily living in a shelter to avoid being on the street.

"Initial Assessment" means examination of current and recent behaviors and symptoms of a person or minor who appears to be mentally ill or substance dependent.

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or "LMHP" means a practitioner who meets qualifications as defined in Title 43A § 1-103(11).

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the CBSCC and other providers.

"Minor" means any person under eighteen (18) years of age.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication,

the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Performance Improvement" or "PI" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" means a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Psychosocial evaluations" ~~are~~means in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Restraint" ~~refers to~~means manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. For minors: mechanical restraints shall not be used.

"Triage" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of consumers' presenting situations.

"Trauma Informed" means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all consumers.

"Urgent recovery clinic" means a program of non-hospital emergency services provided in a clinic setting for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary, to a higher level of care.

SUBCHAPTER 3. CBSCC SERVICES

PART 2. URGENT RECOVERY CLINIC SERVICES

450:23-3-23. URC Crisis intervention services

(a) URCs shall provide evaluation, crisis stabilization, and social services intervention and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.

(b) Licensed behavioral health professionals and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) A minimum of one (1) Licensed Practical Nurse or Registered Nurse shall be at the URC in-person twenty-four (24) hours a day seven (7) days per week.

~~(e)~~(d) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority at all times for consumers in need of emergency medication services.

~~(d)~~(e) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:

- (1) Determine an appropriate course of action;
- (2) Stabilize the situation as quickly as possible; and
- (3) Guide access to inpatient services or less restrictive alternatives, as necessary.

~~(e)~~(f) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

450:23-3-25. Pharmacy services

(a) The URC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through an agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:23-3-25 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and/or State of Oklahoma pharmacy license.

(c) Failure to comply with 450:23-3-25 will result in immediate denial, suspension and/or revocation of certification.

SUBCHAPTER 5. CBSCC CLINICAL RECORDS

450:23-5-1. Clinical record keeping system [REVOKED]

~~Each CBSCC shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable; usable clinical records stored under confidential conditions and with planned retention and disposition.~~

450:23-5-2. Basic requirements [REVOKED]

- ~~(a) The CBSCC's policies and procedures shall:~~
- ~~(1) define the content of the consumer record in accordance with 450:23-5-4 through 23-5-9; and~~
 - ~~(2) meet all requirements set forth in OAC 450:1-9-5.6(d).~~
- ~~(b) Compliance with 450:23-5-2 shall be determined by on-site observation and a review of the following: CBSCC policy, procedures and operational methods; clinical records; other CBSCC provided documentation; and PI information and reports.~~

450:23-5-7.1. Aftercare and discharge planning [REVOKED]

- ~~(a) Aftercare and discharge planning is to be initiated for the consumer at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the consumer's needs and address the presenting problem and any identified co-occurring disorders or issues.~~
- ~~(b) The program will have designated staff with responsibility to initiate discharge planning.~~
- ~~(c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.~~
- ~~(d) Compliance with 450:23-5-7.1 shall be determined by a review of closed consumer records, policies and procedures, and interviews with referral contacts.~~

450:23-5-8. Aftercare and discharge summaryplanning, facility-based crisis stabilization

- (a) CBSCCs offering facility-based crisis stabilization services shall initiate aftercare and discharge planning for the consumer at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the consumer's needs and address the presenting problem and any identified co-occurring disorders or issues.
- ~~(a)~~ An aftercare plan shall be entered into each consumer's record upon discharge from the CBSCC. A copy of the plan shall be given to the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, as well as to any facility designated to provide follow-up with a valid written authorization by the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable.
- ~~(b)~~ An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the CBSCC.
- ~~(c)~~ The aftercare plan shall minimally include:
- (1) Presenting problem at intake;
 - (2) Any co-occurring disorders or issues, and recommended interventions for each;
 - (3) Physical status and ongoing physical problems;
 - (4) Medications prescribed at discharge;
 - (5) Medication and lab summary, when applicable;
 - (6) Names of family and significant other contacts;

- (7) Any other considerations pertinent to the consumer's successful functioning in the community;
 - (8) The Consumer's, the consumer's legal guardian, or as indicated both the consumer's and legal guardian's comments on participation in his or her crisis resolution efforts; and
 - ~~(9) The credentials of the staff members treating the consumer and their dated signatures.~~
 - (9) The signature of the staff member completing the aftercare plan and the date of completion.
- (d) Compliance with 450:23-5-8 shall be determined by a review of closed consumer records.